

# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY Municipal Police Training Academy



Community College of Rhode Island — Flanagan Campus 1762 Louisquisset Pike, Lincoln, RI 02865-4585 Telephone: (401) 722-5808 — Fax: (401) 722-3151

Lieutenant Colonel Kevin M. Barry Acting Superintendent, Rhode Island State Police Commissioner, Department of Public Safety Lieutenant Scott N. Raynes Executive Director Municipal Police Training Academy

### **RIMPTA Training Announcement**

### **Drug Recognition Expert School**

**Program Date:** April 24 – May 5, 2017 – Classroom Training

May 21 – June 2, 2017 – Field Evaluations in

Phoenix, Arizona

**Time:** 0830-4:30 – Monday thru Friday

**Location:** Hartford, Connecticut

Who Should Attend: Officers with a strong command of SFST\* and who have attended ARIDE\*\* training.

Training Slots Available: Training is limited to eight (8) officers.

Application Process: Potential candidates must: complete an application (attached), submit a letter of

recommendation from their respective Police Chief, submit a resume and attend a

twenty (20) minute interview before the SFST/DRE Advisory Board.

Expenses: The entire training, to include; meals, equipment, airfare, lodging and course fees

are covered by the Office on Highway Safety (OHS).

The Drug Recognition Expert Program trains police officers through a three (3) phase <u>training</u> process: Drug Recognition Expert Pre-School (16 hours), Drug Recognition Expert DRE School (56 hours), and Drug Recognition Expert Field Certification (Approximately 40-60 hours in Phoenix, Arizona).

Once trained and certified; DREs become highly effective officers skilled in the detection and identification of persons impaired by alcohol and/or drugs. DREs are trained to conduct a systematic and standardized twelve (12) step evaluation consisting of physical, mental and medical components.

Because of the complexity and technical aspects of the DRE training, not all police officers may be suited for the training. Experience has shown that training a well-defined group of officers who become proficient in impaired driving enforcement works well in combating impaired drivers.

#### A. Goals:

- 1. Determine if an individual is under the influence of a drug or drugs other than alcohol, or the combined influence of alcohol and other drugs, or suffering from some injury or illness that produces similar signs to alcohol/drug impairment;
- 2. Identify the broad category or categories of drugs inducing the observable signs and symptoms of impairment; and
- 3. Progress to the Field Certification Phase of the training.

#### B. Objectives:

- 1. Be able to describe the involvement of drugs in impaired driving incidents;
- 2. Name the seven drug categories and recognize their effects;
- 3. Describe and properly administer the psychophysical and physiological evaluations used in the drug evaluation and classification procedures;
- 4. Prepare a narrative drug influence evaluation report;
- 5. Discuss appropriate procedures for testifying in typical drug evaluation and classification cases.

Applications, resumes and required letters of recommendation should be returned to the Rhode Island Municipal Police Training Academy, NLT November 23, 2016. If you have any questions please email Richard T. Sullivan at <a href="mailto:richard.sullivan@risp.gov">richard.sullivan@risp.gov</a> or Donna Lavallee at <a href="mailto:donna.lavallee@risp.gov">donna.lavallee@risp.gov</a>.

Please do not assume a candidate has been accepted for training just because an application has been submitted. All required documents must accompany the application and then the **perspective candidate will be notified with an interview date and time.** 

\* **SFST:** Officers must be certified and proficient.

\*\*ARIDE: Classroom or on-line training accepted.



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## **Drug Recognition Expert School**

#### PLEASE PRINT CLEARLY

Course Title:		Police Department/Agency: (name and full address)	
Course True.			
<b>Drug Recognition Expert So</b>	chool		
Course Dates/Location: April 24 – May 5, 2017	Contact Perso	on (Supervisor):	Department/Business Phone:
LOCATION: Hartford, Connecticut			
PARTICIPANT: NAME, RANK and CELL Number			
Officers Name:			
E-Mail Address:			Cell Number:
Please FAX or Email this form to the attention of:			
Mrs. Donna Lavallee at donna.lavallee@risp.gov or (401) 722-3151 (Academy Fax) RSVP by November 23, 2016			
Please contact Richard T. Sullivan at <u>Richard.sullivan@risp.gov</u> at or (401) 323-0494, with any questions regarding this training.			

Revised 2/2015